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## COVER LETTER

Division of Corporations		
SUBJECT: Whertec Mechanic		
(Nan	ne of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Trease return an correspondence concern	ing this matter to the following.	
Cynthia Z. Jorgensen		
(Name of Person)		
Quarles & Brady LLP (Firm/Company)		
411 E. Wisconsin Avenue, Suite 2350		
(Address)		
Milwaukee, WI 53202		
(City/State and Zip Code)	•	
For further information concerning this n	natter, please call:	
Cynthia Z. Jorgensen	at ( 414 ) 277-5191	
(Name of Person)	(Area Code & Daytime Telephone Number)	
<b>(</b> ,		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follo	owing amount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605, or 605, or Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Whertec M	lechanical, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 5409 Highway Avenue  Jacksonville, FL 32254
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5409 Highway Avenue  Jacksonville, FL 32254
2/29/2001	L01000002237
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	4. Document number the records of the Florida Dept. of State: 25
Registered Agent:	John Mitchell
Registered Office Address:	1915 NW Fork Rd Stuart, FL 34994
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Tricia Wilson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5409 Highway Avenue  Jacksonville, FL 32254  ,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	_
Tricia Wilson, Secretary (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the limited liability lia	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 605 change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00